

Duncan to state the extent to which they used chloroform in their public and private surgical practice.—*Proceedings of Medico-Chirurgical Soc. of Edinburgh, in Month. Journ., July, 1848.*

80. *Case of Retention of a Fœtus in the Uterus for Eleven Years.* By Dr. VONDOFFER.—This woman was forty-nine years of age, and had already borne two children. She was busily threshing corn, when she was seized with violent pains in the back, resembling those of labour. After they had continued for two hours the waters broke, and were discharged. For fourteen days she lay almost entirely upon her knees and elbows. At the end of this time the pains had almost ceased, but still in lying on her back she kept her knees well drawn up. Three weeks afterwards she was seized with a flooding, which was easily stopped. After this, there was a constant fetid discharge from the vagina, which continued more or less for eleven years, and occasionally some fœtal bones were discharged with great pain. During most of this time the woman was able for her work, and in good health. At the end of eleven years she was again forced to betake herself to bed, and she died, after some time, with the symptoms of purulent infection. On dissection, the uterus was found adhering to the anterior wall of the abdomen, and it contained the remains of the putrefied fœtus, along with its numerous bones. *Month. Retrospect., Dec., 1848, from Schmidt's Jahrbucher, Nov. 9, 1848.*

81. *Case of Spontaneous Amputation of the Forearm, and Subsequent Rudimentary Regeneration of the Hand of the Fœtus.* (*Proceedings of Edinburgh Obstetric Soc.*)—Dr. SIMPSON showed the society a girl, aged eleven, who had been born wanting the left upper extremity from a short way below the elbow-joint. The arm of this side was of the natural size and form; but the forearm consisted merely of a stump about two inches long. It had all the appearance of having been amputated about the union of its upper and middle third, the surface having subsequently healed over in a very perfect manner. No appearance of cicatrization was visible except over the ends of the two bones, where the skin was puckered and drawn in in an umbilical form. Midway between, and a little in front of these two points, was a raised cutaneous tubercle, divided on the surface into five minute nodules, on two of which small points of nail could be detected. This projection Dr. Simpson stated various reasons for believing to indicate an effort of nature to replace the lost portion of the limb,—he considered it to be in fact a rudimentary hand, and a curious illustration of the power of regeneration of even compound parts in the embryo and fœtus in utero.

Dr. Simpson showed a great number of casts and drawings of other similar cases. The general resemblance of the cases to each other was very remarkable. In all, the amputation seemed to have happened at precisely the same situation; in all, the cicatrices over the ends of the two bones were well marked; and in all, there was a more or less marked indication of an attempt of reproduction of the lost portion of the member.

Dr. Simpson also showed, as an illustration of the mechanism or production of spontaneous amputations, a child born in the Maternity Hospital recently, whose fingers and toes were in several parts semi-amputated by bands of coagulable lymph or false membrane—the result of inflammation of the cutaneous surface of the fœtus. The bands still existed at some points. There were the following deformities:—

In the *right* hand, the second, third, and fourth fingers were joined together laterally, in a somewhat conical mass. The index finger, the longest, ended in a transversely furrowed tuberculated mass. To the index was joined the fourth or ring finger at its apex, and, filling up the triangular interval between them, lay the third finger, having only the remains of one phalanx. The fifth or little finger ended abruptly at about the middle of its length, and had an osseous nodule representing the second phalanx. On its apex is a small crack, and a long dry filament is attached. All the fingers of the *left* hand presented circular constrictions of inconsiderable depth over their first phalanges. In addition, the fourth or ring finger seemed merely to possess a remnant of the second phalanx, and then abruptly terminated in a constricted tubercle. The *right* foot was normally formed.

The great toe of the *left* foot was almost entirely absent, being represented merely by some irregular tubercles of skin. The second toe was supplanted by a soft bag of integument. The third and fourth toes had each, in place of their terminal phalanges, two constricted tubercles, without vestige of a nail. The fifth or little toe was well formed.—*Monthly Journ.*, June 1848.

MALIGNANT CHOLERA.

82. *Course of Cholera—its rate of progress—its mortality—its preliminary stage.*—One of the most remarkable facts connected with the Asiatic Cholera is, that, in its present progress throughout Europe, it should follow so nearly the course which it took in 1830–1. The researches of Dr. Laségue have shown that this analogy not only exists in respect to the time at which the places are visited, but in respect to the duration of the disease at each place.* The cholera appeared at Tiflis on the 5th May, 1830; at Astrachan on the 21st June; and, ascending the Volga, it reached the Russian province of Kasan on the 17th of September in the same year. In 1847 the cholera made its appearance at Tiflis on the 1st June, at Astrachan on the 31st July; and reached Kasan on the 4th October. In 1830, as in 1847, it took five months to traverse the same district.

In 1830, taking the course of the Dnieper, it reached Stavropol on the 6th September; Novo Tscherkosk on the 10th; Taganrog on the 8th October, and Kiev on the 8th January, 1831. In 1847, the cholera broke out at Stavropol on the 16th July; at Novo Tscherkosk on the 30th; at Taganrog on the 15th August; and at Kiev on the 5th October. Although, as a general rule, those districts, towns, and cities which were visited in 1830, have been attacked by the disease on the present occasion, Dr. Laségue has pointed out one very remarkable exception. In 1830–1, the disease spread through the provinces on the western frontiers of Russia; but in 1847, from some singular and unexplained cause, these provinces have escaped; and to this may be perhaps ascribed our immunity from the disease up to the present time.

The ravages of the disease were suspended in the winter of 1830, as well as in that of 1847. In both instances Moscow formed the extreme western limit of the pestilence; and in the spring of 1831, as well as in that of 1848, the disease resumed its course. It appeared in St. Petersburg on the 25th June, 1831, and it broke out in this city, and spread through it with fearful rapidity, on the 16th June, 1848. It attacked Berlin on the 31st August, 1831, and on the 15th August, 1848. It is well known that the disease first appeared in England, at Sunderland, on the 26th October, 1831; and it will be a remarkable confirmation of the analogies hitherto observed in its progress on the continent, if the rumour that it has now appeared in one of our seaports on the northeastern coast should prove to be well founded. If we are to be guided by this analogy, the cholera may not appear in the metropolis until the ensuing winter. The first cases were announced in London on the 13th February, 1832, and they occurred in the immediate vicinity of the docks. The disease appeared in Paris in the spring of 1832, and that city, therefore, may escape the visitation until the spring of 1849.

It is worthy of remark that in 1830–1, as in 1847–8, the cholera has manifested itself chiefly in the great lines of intercourse along frequented roads, and the banks of navigable rivers, attacking chiefly towns and cities where the population was most dense, producing the largest amount of mortality in its first onset, then slowly diminishing in severity, and finally disappearing to reappear in a neighbouring locality. According to Dr. Laségue, the greatest rapidity with which the cholera has spread over any locality has not exceeded a rate of from 250 to 300 miles a month. This comparatively slow progress, together with its advance in the face of prevailing winds, is very unlike the usual mode of diffusion of a purely epidemic disease.

It was confidently announced a year since, that the cholera, as it then prevailed on the continent, had lost much of its severity, and was far less mortal than the

* *L'Union Médicale*, Sept. 1848.